## South Carolina Department of Health & Environmental Control Division of Health Licensing

## County: Hampton

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Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
J & T RESIDENTIAL CARE FACILITY	CRC-1094 / 05/31/2009	10
604 WAGON WHEEL RD	Hampton / Sole Proprietorship	
HAMPTON, SC 29924	604 WAGON WHEEL RD	
HIERS, BARBARA M PH#: 803-943-7177	HAMPTON, SC 29924	
Fac. Cont. Email:No Fac Cont. email on record	THELMA S MYERS	
Certifications:Alzheimer Care		
SEVILLE'S RESIDENTIAL CARE FACILITY	CRC-1178 / 08/31/2009	10
109 BENNETT LN	Hampton / Sole Proprietorship	
HAMPTON, SC 29924-1375	109 BENNETT LN	
JENKINS, GENORA W PH#: 803-943-9131	HAMPTON, SC 29924-1375	
Fac. Cont. Email:PEPPERFORCE@YAHOO.COM	GENORA W JENKINS	
Certifications:None		
VARNVILLE COMMUNITY RESIDENCE	CRC-1211 / 05/31/2009	8
266 HAMPTON RD	Hampton / State	
VARNVILLE, SC 29944	PO BOX 4706	
MICKLE, DERRIEL PH#: 803-943-3305	COLUMBIA, SC 29240-4706	
Fac. Cont. Email:No Fac Cont. email on record	SC DEPARTMENT OF DISABILITIES AND S	PECIAL NEEDS
Certifications:None		

Totals For Facility/License Type	Community Residential Care Facility

Number of Activities/Facilities licensed: 3 Number Licensed Units 28

Division of Health Licensing

County: Hampton

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

HHA-0006 / 11/30/2009

VARNVILLE, SC 29944

Hampton / State

PO BOX 933

Licensed Unit

DHEC REGION 8 HOME HEALTH SERVICES

1000 PINE ST

VARNVILLE, SC 29944

ROCKWELL, JUDITH E PH#: 803-943-4649

Fac. Cont. Email:ROCKWEJ@DHEC.SC.GOV

Counties Served Colleton, Hampton

License Restrictions

Physical Therapy Y Speech Therapy: N Occupational Therapy N Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

Totals	For	Facility/	License	Type	Home	Health
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Number of Activities/Facilities licensed:

Number Licensed Units

SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL

Division of Health Licensing

County: Hampton

Facility Type: Hospital or Institutional General Infirmary

Facility Name
License Nbr/Expiration Date
Location Street
County/Ownership Typ
Location City, State
Mailing/Billing Addres

Administrator/Phone Licensee Licensed Unit

HAMPTON REGIONAL MEDICAL CENTER HTL-0027 / 07/31/2009

32

595 W CAROLINA AVE Hampton / Non-Profit Corporation

VARNVILLE, SC 29944 PO BOX 338

HAMILL, DAVID H PH#: 803-943-2771 VARNVILLE, SC 29944-0338

Fac. Cont. Email: JALLEN@HAMPTONREGIONAL.ORG HAMPTON REGIONAL MEDICAL CENTER

Licensed Beds: General: 32 Psychistric: 0 Rehab: 0 Substance Abuse 0

Other Beds NICU: 0 Neonatal Special Care 0

Certifications:None

Totals For Facility/License Type	Hospital	or	Institutional General Inf:	irmary
Number of Activities/Facilities lice	ensed:	1	Number Licensed Units	32

April 2, 2009 South Carolina Department of Health & Environmental Control

Division of Health Licensing

1

County: Hampton

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

104

UNIHEALTH POST-ACUTE CARE - LOW COUNTRY

301 S LIBERTY ST ESTILL, SC 29918-0386

SMITH, DEAN PH#: 803-625-3852

Fac. Cont. Email:No Fac Cont. email on record

NCF-0922 / 09/30/2009

Hampton / Ltd. Liability

301 S LIBERTY ST ESTILL, SC 29918

HERITAGE HEALTHCARE OF ESTILL L L C

Licensed Beds Nursing Home 104 Institutional Nursing Home

Certifications:None

Totals For Facility/License	Type	Nursing	Home
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Number of Activities/Facilities licensed:

Number Licensed Units

April 2, 2009 South Carolina Department of Health & Environmental Control

Division of Health Licensing

County: Hampton

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone

License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

3

NEW LIFE CENTER COMMISSION ON ALCOHOL & OTHER DRUG ABUSE OTP-0078 / 05/31/2009

102 GINN ALTMAN AVE STE C

HAMPTON, SC 29924

RICKENBAKER, RONALD N PH#: 803-943-2800

Fac. Cont. Email:NLCHAMPTON@EARTHLINK,NET

Hampton / County

102 GINN ALTMAN AVE STE C

HAMPTON, SC 29924

NEW LIFE CENTER COMMISSION ON ALCOHOL & OTHER DRUG

ABUSE

Certifications:None

Totals For Facility/License Type PSAD	Outpatient			
Number of Activities/Facilities licensed:	1	Number Licensed	Units [	3

## South Carolina Department of Health & Environmental Control Division of Health Licensing

County: Hampton

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

13

HAMPTON DIALYSIS

593 W CAROLINA AVE
VARNVILLE, SC 29944-0000

BOLTON, STEPHANIE F PH#:

Fac. Cont. Email:No Fac Cont. email on record

Hampton / Ltd. Liability

C/O NATIONAL RENAL ALLIANCE LLC, 730 COOL

SPRINGS BLVD STE 100 FRANKLIN, TN 37067

ERD-0125 / 11/30/2009

NRA - VARNVILLE SOUTH CAROLINA L L C

Licensed Stations: Hemodialysis: 13 Peritoneal: 0

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:

Number Licensed Units

13

Number of Activities/Facilities licensed in county of Hampton

# Lics

8

Number Licensed Units: 182

Report Total

Total Number of Activities/Facilities licensed

8 Total Number Licensed Units